



NOTES

SCHIZOPHRENIA & PSYCHOTIC DISORDERS

GENERALLY, WHAT ARE THEY?

PATHOLOGY & CAUSES

- Mental disorders characterized by fragmented patterns of thinking
- Feature **positive**, **negative** symptoms

CAUSES

- **Multiple factors:** genetic vulnerability, physiological/biochemical dysfunction, psychosocial stressors

SIGNS & SYMPTOMS

Positive (psychotic) symptoms

- Delusions
 - **False beliefs remaining** even when opposing evidence presented (e.g. delusions of control/reference)
- Hallucinations
 - **Perceptual experiences** occurring without sensory stimuli (e.g. visual, auditory, tactile hallucinations)
- **Disorganized speech** (e.g. word salad)
- **Disorganized behavior** (e.g. wearing warm clothes on a hot day; may include catatonic behavior; e.g. resistant movement/unresponsiveness)

Negative symptoms

- Impairment of normal functioning in emotional expression, communication, purposeful activities
 - **Flat affect** (less emotional response)
 - **Alogia** (lack of content in speech)
 - **Avolition** (decrease in motivation)

Cognitive symptoms

- Difficulties with memory, learning, understanding

Mood-related symptoms

- Sometimes

DIAGNOSIS

- Based on symptoms' presence over certain time period (varies by disorder)
- Affects day-to-day functioning (e.g. social, occupational, academic)
- Not caused by other condition/substance

TREATMENT

MEDICATIONS

- Antipsychotics

PSYCHOTHERAPY

- E.g. individual/group therapy, rehabilitation

VISIT...

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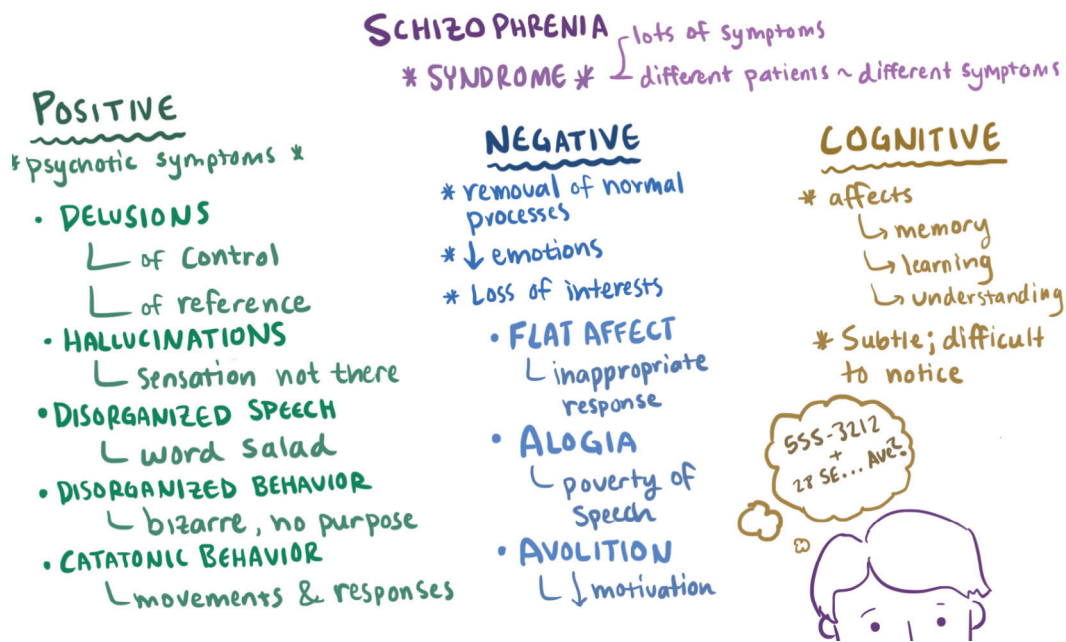


Figure 101.1 Illustration depicting positive, negative, and cognitive symptoms.

DELUSIONAL DISORDER

osms.it/delusional-disorder

PATHOLOGY & CAUSES

- Mental disorder characterized by persistent delusions
- Delusions may be bizarre (impossible)/non-bizarre (possible, but still wrong)
- Delusions remain even when opposing evidence presented

SIGNS & SYMPTOMS

Delusions

- Of control
 - Others control one's actions/thoughts
- Of thought broadcasting
 - Others can hear one's thoughts
- Of thought withdrawal
 - One's thoughts are being stolen
- Nihilistic
 - World/self doesn't exist

Non-bizarre delusions

- Persecutory
 - Others conspiring against/following oneself
- Jealous
 - One's partner unfaithful
- Of guilt/sin
 - One wrongly feels guilty
- Of reference
 - One believes messages directed at them/are especially significant
- Somatic
 - One's body is diseased/changed
- Erotomanic
 - Another is in love with oneself
- Grandiose
 - One believes they have special talents/abilities
- Religious
 - Involving spiritual aspect

DIAGNOSIS

- $\geq$ one delusion, over $\geq$ one month period, without meeting other criteria for schizophrenia
 - Hallucinations may occur in some cases of delusional disorder
- Affects day-to-day functioning
- Not caused by other condition/substance

TREATMENT**MEDICATIONS**

- Antipsychotics, antidepressants

PSYCHOTHERAPY

- E.g. individual/group therapy, rehabilitation

SCHIZOAFFECTIVE DISORDER

osms.it/schizoaffective-disorder

PATHOLOGY & CAUSES

- Mental disorder characterized by symptoms of schizophrenia + a mood disorder

TREATMENT

- Treat depressive, schizophrenic symptoms separately

SIGNS & SYMPTOMS

- Positive symptoms
 - Delusions, hallucinations, disorganized speech, disorganized behavior
- Negative symptoms
 - Flat affect, alogia, avolition
- Mood-related symptoms
 - Depression, suicidal ideation
 - Manic episodes (e.g. euphoria, grandiosity, hyperactivity)

MEDICATIONS

- Antipsychotics, antidepressants

PSYCHOTHERAPY

- Dialectical behavior therapy, mentalization-based therapy, transference-focused therapy

DIAGNOSIS

- $\geq$ two of following (+ at least one of first three) + a mood disorder
 - Delusions
 - Hallucinations
 - Disorganized speech
 - Disorganized or catatonic behavior
 - Negative symptoms
- Delusions/hallucinations last $\geq$ two weeks beyond mood episode
- Not caused by other condition/substance

SCHIZOPHRENIA

osms.it/schizophrenia

PATHOLOGY & CAUSES

- Mental disorder characterized by fragmented patterns of thinking for > six months
- Individuals cycle through three phases, normally in order
 - **Prodromal phase:** socially withdrawn; blunted affect
 - **Active phase:** severe positive, negative symptoms
 - **Residual phase:** cognitive symptoms; periods of remission

CAUSES

- Success of treatment with dopamine antagonists suggests link to increased dopamine levels
- Genetic; more common in biological males

RISK FACTORS

- Suicidal ideation → death

SIGNS & SYMPTOMS

- Positive symptoms
 - Delusions, hallucinations, disorganized speech, disorganized behavior
- Negative symptoms
 - Flat affect, alogia, avolition
- Cognitive symptoms
 - Difficulties with memory, learning, understanding

DIAGNOSIS

- ≥ two of following (+ at least one of first three), over one month
 - Delusions
 - Hallucinations
 - Disorganized speech
 - Disorganized or catatonic behavior
 - Negative symptoms
- Other signs of disturbance (with prodromal, residual symptoms) persist ≥ six months
- Affects day-to-day functioning
- Not caused by other condition/substance

TREATMENT

MEDICATIONS

- Antipsychotics

PSYCHOTHERAPY

- E.g. individual/group therapy, rehabilitation

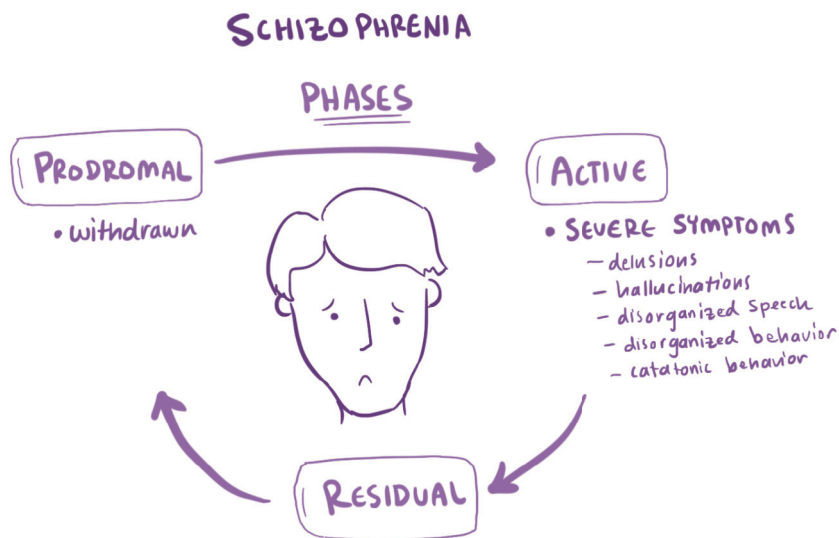


Figure 101.1 Illustration depicting positive, negative, and cognitive symptoms.

SCHIZOPHRENIFORM DISORDER

osms.it/schizophreniform-disorder

PATHOLOGY & CAUSES

- Mental disorder characterized by fragmented patterns of thinking over reduced period (1–6 months)
- Similar to active phase of **schizophrenia** (severe positive, negative symptoms), minus prodromal phase

SIGNS & SYMPTOMS

- Positive symptoms
 - Delusions, hallucinations, disorganized speech, disorganized behavior
- Negative symptoms
 - Flat affect, avolition, anhedonia
- Cognitive symptoms
 - Difficulties with memory, learning, understanding

DIAGNOSIS

- $\geq$ two of following (+ at least one of first three), over one month
 - Delusions
 - Hallucinations
 - Disorganized speech
 - Disorganized or catatonic behavior
 - Negative symptoms
- Other signs of disturbance (with prodromal, residual symptoms) do not persist $\geq$ six months (if $\geq$ six months, diagnosis = schizophrenia)
- Affects day-to-day functioning
- Not caused by other condition/substance

TREATMENT

MEDICATIONS

- Antipsychotics

PSYCHOTHERAPY

- E.g. individual/group therapy, rehabilitation

SCHIZO-PATHOLOGIES

	KEY FEATURES OF SCHIZO-PATHOLOGIES
SCHIZOID PERSONALITY DISORDER	Avoid social interaction, lack friends, flat affect, lack of sexual interest, "Lone wolf"; Not caused by paranoia or social anxiety (Overlaps with Negative symptoms of Schizophrenia)
SCHIZOTYPAL PERSONALITY DISORDER	Excessive magical thinking (linking unrelated events, fixation on personal destiny), beliefs cause overconfidence, poor social perception, still want to maintain relationships
SCHIZOPHRENIA	Positive symptoms: Delusions, hallucinations, disorganized speech or catatonic behavior; Negative symptoms: Flat affect, avolition, alogia Persists ≥ 6 months
SCHIZOPHRENIFORM DISORDER	Symptoms of schizophrenia for 1-6 months
BRIEF PSYCHOTIC DISORDER	Symptoms of schizophrenia for < 1 month
SCHIZOAFFECTIVE DISORDER	Symptoms of schizophrenia with addition of a mood disorder (Depression, Bipolar)
DELUSIONAL DISORDER	"Fixed false belief" that lasts > 1 month without other schizophrenia criteria